



HEALTH FORM

(Mandatory for ALL participants)

Trip Date __ / __ / __

CBF Field Program/Location: _____

Participant Name: _____
Last First

Age: ____ **Sex:** F / M **Home Phone** () _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Family Physician: _____ **Office Phone:** () _____

Insurance Company: _____ **Policy # / ID #:** _____

In an emergency, please notify:

Check here if same as above.

Name: _____ **Relationship:** _____

Work Phone: () _____ **Home Phone:** () _____ **Cell Phone:** () _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Health History

1. Check any allergies participant may have and briefly describe the reaction:

Insect stings/bites _____ Seafood _____

Asthma (allergy induced) _____ Food (wheat, nuts) _____

Hay Fever _____ Penicillin _____

Other _____

Check below if participant currently has or has had any of the following:

CONDITION	Currently		CONDITION	Currently	
	Past	Has		Past	Has
Heart Defect/Disease	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding/Clotting Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			

Health History, Continued

2. Complete the following:

a. Are there any specific activities to be encouraged, limited or avoided? YES NO

If, yes please explain: _____

b. Is participant able to swim? YES NO Circle level of ability: beginner intermediate advanced

c. Does participant have a current tetanus shot? YES NO Date of shot: __/__/__

d. List current medications (please send with directions if to be administered during trip):

e. I give permission to CBF employees to administer the following as needed for minor discomfort while on a CBF educational field trip: (check all that apply)

Tylenol Advil Benedryl Cough drops Sudaphin (Sudafed) Antacid other: _____

f. Do you have any special dietary considerations? YES NO

If yes, please provide detailed information: _____

g. Provide any other important health related information about yourself:

READ AND SIGN THE FOLLOWING:

This health history provided in this document is correct so far as I know. I understand that participation in Chesapeake Bay Foundation activities is entirely voluntary. I understand that the CBF field trip may involve: boating (by canoe, sail, and/or motor), hiking, camping, fishing and other outdoor activities and sports. I know and understand the risks and dangers involved in the above-named activities and I know and understand that unanticipated dangers might arise. I hereby release CBF, its officers, directors, agents and employees, from any responsibility for injury which might occur as a result of participation in CBF activities except for those determined to be a result of gross negligence on the part of CBF. I give permission for _____ (print your name) to participate in all field trip activities, except as noted. I, also, give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me, and also permit such treatment procedures to be carried out at, and by the local hospital(s) in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

Adult participant signature

Date

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*You will be participating in many exciting educational activities with the Chesapeake Bay Foundation. We sometimes use participant's names, voices and/or photographs of students in connection with audio video productions, articles, or press releases, but not as an endorsement. Please sign in the space below if you agree to grant to the Chesapeake Bay Foundation permission to use your, voice, and picture in connection with any of their audio-video productions, articles, or press releases.*

Adult participant signature \_\_\_\_\_

Email address (to receive photos) \_\_\_\_\_

*\*\*\*If photos are taken, we will be able to email them directly to you. CBF does NOT trade email addresses*

Please check here if you do NOT wish to receive mail from the Chesapeake Bay Foundation.